

**Indiana State Department of Health (ISDH)
Maternal and Children's Special Health Care Services (MCH)
FY 2005 Grant Application Process (GAP)**

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Joseph E.
Kernan
Governor

Gregory A. Wilson, M.D.
State Health commissioner



Indiana State Department of Health

An Equal Opportunity Employer

DATE: March 17, 2004

TO: Prospective MCH Grantees

FROM: Robert Bruce Scott, MCH Grants Coordinator
Maternal and Special Health Care Services

SUBJECT: **FY 2005 Grant Application Process (GAP)**

Indiana State Department of Health (ISDH) Maternal and Children's Special Health Care Services (MCH) is making a total of \$500,000 available in grants of up to \$40,000 annually to fund community-based research and pilot projects to improve the health of women and children in Indiana. No proposal in this Grant Application Process (GAP) will be funded for more than three consecutive years. ISDH MCH will place emphasis on projects that can demonstrate on-going benefit from one-time funding.

The Grant Application Process (GAP) can be found on the ISDH website at <http://www.in.gov/isdh/programs/mch/grantopportunities/grantopportunities.htm> or you may request a paper copy by contacting Kimberly Rief (317/233-1261) krief@isdh.state.in.us.

PURPOSE

For the FY 2005 GAP, ISDH MCH is focusing on infrastructure building and population based proposals for community-based research and pilot projects that will further one of the following priorities:

- a) To improve pregnancy outcomes especially infant mortality, fetal deaths, and low birth weight and to decrease disparities among minority populations.
- b) To lower high risk pregnancy and teen birth rate.
- c) To reduce barriers to delivery of health and dental care of pregnant women, infants, children, children with special health care needs, adolescents and women.
- d) To build and strengthen systems of family support and family involvement that will assist families in seeking and receiving health and social services, including families of children with special health care needs.
- e) To reduce environmentally related health conditions like lead poisoning, asthma, and injury in all infants and children.
- f) To decrease tobacco use in Indiana.
- g) To promote systems that allow for early identification and tracking of children with special health care needs and that enhance the provision of services to them.
- h) To lower risk behaviors in adolescents.
- i) To reduce obesity in Indiana.

Examples of projects that would be considered for funding:

- Fetal Infant Mortality Review
- Demonstration projects to reduce and prevent obesity in children and adolescents
- Community needs assessment
- Infrastructure building for cultural competence
- Other demonstration projects

Prospective grantees are strongly encouraged to submit a letter of intent with a brief (no more than 2 page) narrative description of their proposed project before completing this application. This will give ISDH MCH staff an opportunity to determine whether the scope of the project fits within the intent of this GAP and provide technical assistance.

The Letter of Intent should be no more than two pages long, single spaced, Times New Roman or Arial Font Size 12 and include the following sections:

- A brief statement of the problem to be addressed.
- A description of the proposed project.
- Amount of funds requested.
- A description of the ongoing benefit the project will provide after funding is ceased. *Projects will not be funded for more than three fiscal years.*
- A brief description of the applicant agency.

Letters of Intent should be submitted to Robert Bruce Scott, MCH Grants Coordinator, Indiana State Department of Health, 2 North Meridian, Section 8C, Indianapolis IN 46204 no later than Thursday, April 1, 2004. The Letter of Intent may be submitted by e-mail to rbscott@isdh.state.in.us.

SCHEDULE

- 1) Wednesday March 17, 2004 – ISDH MCH announces availability of funding and makes GAP packets available by request and on the ISDH MCH website.
- 2) Wednesday, March 31, 2004 – ISDH MCH will hold one (1) technical assistance meeting in Indianapolis for potential grantees. Meeting will be held at ISDH the meeting will start at **10:00 a.m. in the Executive Board Room on the 3rd Floor and conclude by 2:00 p.m.**
- 3) Thursday, April 1, 2004 – Letter of Intent to Apply for FY 2005 Funding due to ISDH MCH.
- 4) Friday, April 30, 2004 – completed applications due to ISDH MCH. All applications will be reviewed for completeness. Annual Reports for existing grantees are due at this time. Incomplete applications will be returned to applicants.
- 5) July – all applicants are notified of the status of their grants.
- 6) October 1, 2004 – Program year begins.

If you have any questions about the above, please contact: Robert Bruce Scott, MCH Grants Coordinator; rbscott@isdh.state.in.us; phone: 317-233-1241 or fax: 317-233-1300.

**Indiana State Department of Health (ISDH)
Maternal and Children's Special Health Care Services (MCH)
FY 2005 Grant Application Process (GAP)**

Purpose

ISDH MCH is making a total of \$500,000.00 available in grants of up to \$40,000.00 annually to fund community-based research and pilot projects to improve the health of women and children in Indiana. No proposal in this Grant Application Process (GAP) will be funded for more than three consecutive years. ISDH MCH will place emphasis on projects that can demonstrate on-going benefit from one-time funding.

FY 2005 funding is targeted toward Infrastructure and Population Based services (see the pyramid on page 3). ISDH MCH is seeking to fund pilot projects, demonstration grants and community-based research to improve the health of infants, children and women of childbearing age.

Instructions

1. Prospective applicants are strongly encouraged to submit a Letter of Intent to Apply for FY 2005 Funding. The letter of Intent must be received by ISDH Maternal and Child Health Services by the close of business on **Thursday, April 1, 2004.**
2. Mail Letter of Intent to: Indiana State Department of Health
 Maternal and Children's Special Health Care Services
 ATTENTION: Kimberly Rief
 2 North Meridian Street, Section 8C
 Indianapolis, IN 46204
3. ISDH MCH staff will review all Letters of Intent to determine which projects are in the scope of this GAP. Projects deemed to be outside the scope of this GAP will be contacted for technical assistance.
4. An application for Maternal and Child Health Block Grant funds must be received by ISDH Maternal and Child Health Services by the close of business on **Friday, April 30, 2004.**
5. Mail application to: Indiana State Department of Health
 Maternal and Children's Special Health Care Services
 ATTENTION: Kimberly Rief
 2 North Meridian Street, Section 8C
 Indianapolis, IN 46204
6. Submit one **(1)** original proposal *and* three **(3)** copies. Do not bind or staple.
7. The application must be typed (no smaller than 12 pitch, printed on one side only) and double-spaced. Each page must be numbered sequentially beginning with Form A, the Applicant Information page.
8. The narrative sections of the application must not exceed 30 double spaced typed pages. Applications exceeding this limit will not be reviewed.

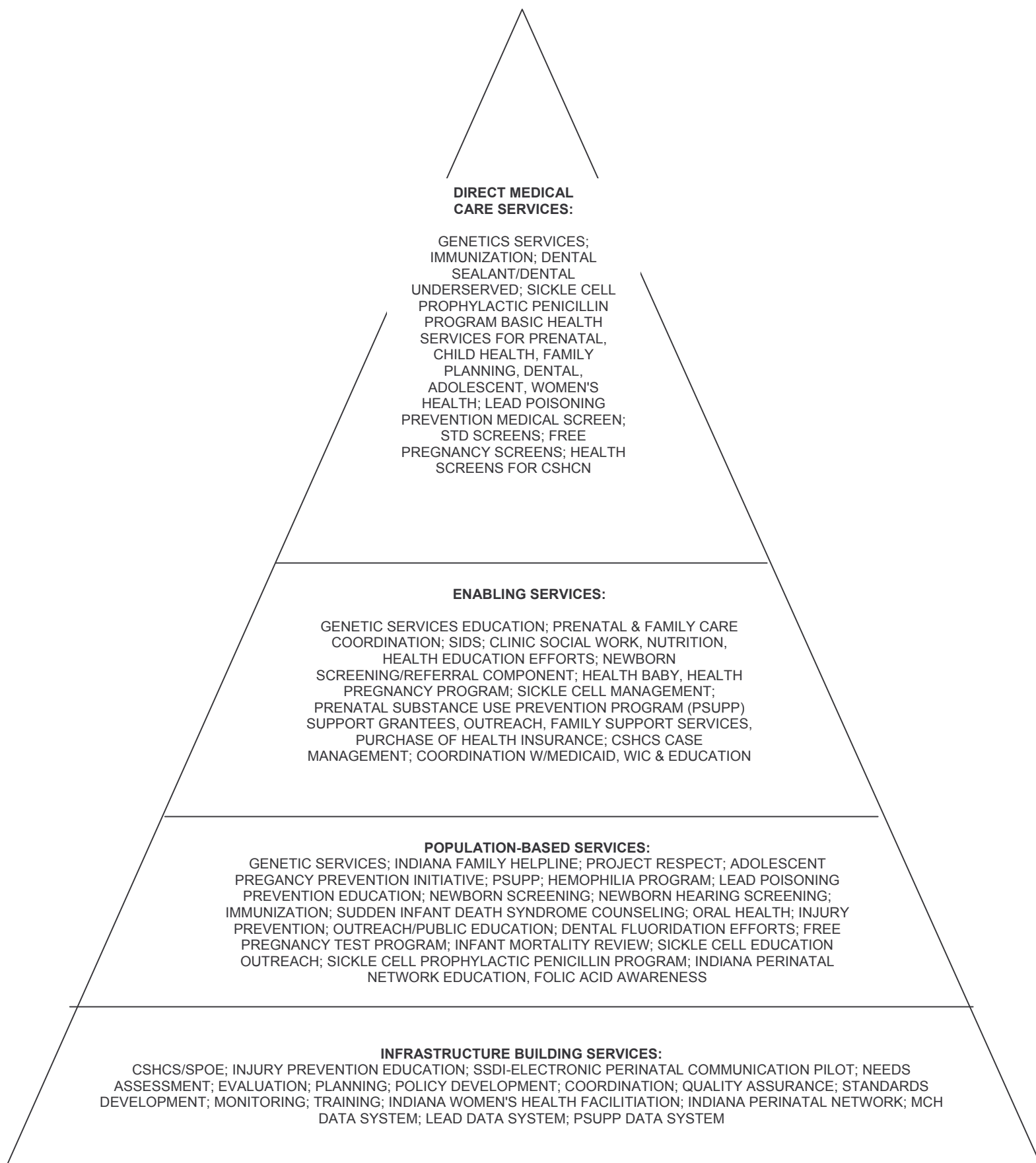
9. Appendices, excluding curriculum vitae, must not exceed 20 pages. Appendices that serve only to extend the narrative portion of the application will not be accepted.
10. The application must follow the format and order presented in this guidance. Applications that do not follow this format and order will not be reviewed.
11. The application will not be reviewed if all sections are not submitted.

Note: Questions about this application should be directed to Robert Bruce Scott, Grants Coordinator, at 317/233-1241 (rbscott@isdh.state.in.us) or the Health Systems Development Consultant (HSD) assigned to the county in which the program is proposed. (See Appendix C - MCH Consultant Assignments Map).

WEBSITES

- Application with linkages to data: <http://www.state.in.us/isdh/programs/mch/index.htm>
- Direct data sites for: MUA/HPSA data: <http://www.bphc.hrsa.gov/bphc/database.htm>
- Health data: <http://www.in.gov/isdh>
- Poverty data: http://www.stats.indiana.edu/welfare_topic_page.html
- “Best Practice” guidelines for pregnant women: <http://www.indianaperinatal.org>
- Indiana Title V Application Narrative:
https://performance.hrsa.gov/mchb/mchreports/States_Narratives/IN.htm
- Title V Information Services (Data): <https://performance.hrsa.gov/mchb/mchreports/Search/search.asp>

FIGURE 2: CORE PUBLIC HEALTH SERVICES



FY 2005 MCH Application Guidance

1. Applicant Information Page (Form A)

This is the first page of the proposal. **Complete all items on the page provided (Form A).** The project director, the person authorized to make legal and contractual agreements for the applicant agency, and STEP AHEAD County Coordinator(s) must sign and date the document. The signature of the Step Ahead County Coordinator for each county served is required (add a page if necessary). If the project will not require a medical and/or dental director, write “not applicable” on the appropriate line(s).

2. Table of Contents

The table of contents must indicate the page where each section begins, including appendices.

3. MCH Proposal Narrative

A. Summary

Begin this page with the Title of Project as stated on the Applicant Information Page. The summary will provide the reviewer a succinct and clear overview of the MCH proposal. The summary will be the last section written and should:

- relate to Title V program services only;
- identify the problem(s) to be addressed;
- succinctly state the objectives;
- include an overview of solutions (methods);
- indicate the percentage of the target population to be served by your project and the percentage of minority clients among your population; and most importantly for this funding cycle
- indicate how the project will provide continuing benefit after discontinuation of ISDH MCH funding.

B. Form Completion

All information on the MCH Project Description (Form B) must be completed. Indicate how many clients will be served or surveyed for FY 2005. This summary form with its narrative will become part of the contract and will also be used as a fact sheet on the project. Page B-2 requests specific information on each project location. The following information should be included:

- Project Description section must include at a minimum history of the project, problems to be addressed, and a summary of the objectives and work plan. Any other information relevant to the project may also be included.
- MCH Target population and estimated number to be served on page B-2 is for the individual project location(s) and is the number to be served with MCH and MCH matching funds.
- MCH budget for site is the estimated MCH and MCH matching funds budgeted for the individual clinic site. **NOTE: ISDH MCH requires a 30% match from grantees.**

- Services provided in MCH budget site should include only those services provided with MCH and MCH matching funds.
- Other services provided at site should include all services offered at clinic site other than MCH and MCH matching funded services.

4. Applicant Agency Description

This description of the sponsoring agency should:

- include a statement of purpose (mission statement);
- include a brief history;
- identify strengths and specific accomplishments pertinent to this proposal;
- include a discussion of the administrative structure within which the project will function within the total organization (attach an organization chart);
- identify project locations and discuss how they will be an asset to the project;
- include a discussion on the collaboration that will occur between the project and other organizations and healthcare providers (the discussion should identify the role of other local agencies and specify how each collaborates with your organization); and
- Attach Memoranda of Understanding (MOU's) and/or Memoranda of Agreement (MOA's).

Note: Large organizations should write this description for the unit directly responsible for administration of the project.

5. Statement of Need

Describe the specific problem(s) or need(s) to be addressed by the project. This section must address those MCH priorities that you intend to impact and should:

- clearly relate to the purpose of the applicant agency;
- be supported by data available on the ISDH website and/or from local sources (this evidence must show that the problem(s) or need(s) exist(s) in *your* community);
- describe the system of care and how successfully the project fits into the system (identify the public service providers and the number of private providers in the area serving the same population with the same services and indicate a need for the project);
- describe the target population(s) and numbers to be served and identify catchment areas;
- be client/consumer focused; and
- describe barriers to access to care.

6. Performance Objectives and Work Plan Activities

Review all materials and instructions before beginning to complete your performance measures and work plan activities. If you have any questions relative to completing your project's performance measures, contact:

**Robert Bruce Scott, 317/233-1241 rbscott@isdh.state.in.us or
MCH Systems Development Consultant assigned to your county - See Appendix C.**

ISDH MCH requires that grantees be accountable for achieving performance measure related to the priorities funded in this GAP. All Performance Measures should be based on **Healthy People 2010** goals and performance measures. These can be found at <http://www.healthypeople.gov/document/> and at <http://www.phf.org/hp2010asst.htm> The direct link to national performance measures is <http://www.healthypeople.gov/document/tableofcontents.htm#parta>

Applicants are to copy the Performance Measure and Work Plan Activities Table and use this template to develop Performance Measures and Work Plan Activities that are appropriate for the service that the applicant intends to provide with MCH funds.

Using Sample Table HP2010 19-3a as an example, applicants should develop Performance Measure and Work Plan Activities tables to develop project specific performance objectives and activities based on local needs.

For each activity on the table, the applicant must indicate a clear and measurable objective as to how the activity will be measured, what documentation will be used to measure that activity, and the staff responsible for implementing and measuring that activity. Project specific activities will be evaluated as part of the quality evaluation of the project.

Applicants proposing community-based research and infrastructure development projects should develop one or more performance measures that will measure how the project will further one of the following priorities:

- a) To improve pregnancy outcomes especially infant mortality, fetal deaths, and low birth weight and to decrease disparities among minority populations.
- b) To lower high risk pregnancy and teen birth rate.
- c) To reduce barriers to delivery of health and dental care of pregnant women, infants, children, children with special health care needs, adolescents and women.
- d) To build and strengthen systems of family support and family involvement that will assist families in seeking and receiving health and social services, including families of children with special health care needs.
- e) To reduce environmentally related health conditions like lead poisoning, asthma, and injury in all infants and children.
- f) To decrease tobacco use in Indiana.
- g) To promote systems that allow for early identification and tracking of children with special health care needs and that enhance the provision of services to them.
- h) To lower risk behaviors in adolescents.
- i) To reduce obesity in Indiana.

The Performance Measures Tables are to be used by grantees to monitor progress on each activity and to submit in the quarterly reports and the Annual Performance Report for FY 2005 when it is completed. The columns on the Tables for Quarterly Results, Adjustment in Work Plan, and Problems are also to be completed and submitted with the quarterly reports and the FY 2005 Annual Performance Report. MCH consultants will contact projects quarterly to monitor progress on the activities and provide technical assistance.

Performance Measures for population based or infrastructure projects may be measured by product generated rather than by impact on MCH populations - e.g., a survey would not have a direct impact on

an MCH population but would produce a product. ISDH MCHS staff will provide technical assistance regarding development of project specific Performance Measures.

Applicants proposing a demonstration project involving the provision of direct or enabling services may also be required to use one or more of the Performance Measures Tables (1-15) in the Appendices.

(The rest of this page is left blank intentionally.)

Performance Measure and Work Plan Activities

Project Name: _____

Table _____

SERVICE CATEGORIES:

MCCHS Performance Measure:

| | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2006 | HP2010 |
|---|------------|------------|------------|------------|------------|------------|--------|
| Annual Performance Objective : | | | | | | | |
| Annual Performance Indicator [N/D x 100]: (Actual progress performance from which to improve.) | % | % | % | % | % | % | % |
| Numerator (N): # | | | | | | | |
| Denominator (D): | | | | | | | |

(For Annual Report use only)

PERFORMANCE OBJECTIVE MET: ☐ YES ☐ NO **DATA SOURCE:** _____

| Work Plan Measurable Activities | How will activities be Measured or demonstrated | What documentation is used to measure? | Staff Responsible | Quarterly results 1 st ____ 2 nd ____ 3 rd ____ 4 th ____ | Adjustments in work plan | Problems |
|---------------------------------|---|--|-------------------|---|--------------------------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Continued from previous page

| Work Plan Measurable Activities | | How will activities be measured or demonstrated? | What documentation is used to measure? | Staff Responsible | Quarterly results | Adjustments in work plan | Problems |
|---------------------------------|--|--|--|-------------------|--|--------------------------|----------|
| | | | | | 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ | | |
| | | | | | 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ | | |
| | | | | | 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ | | |
| | | | | | 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ | | |
| | | | | | 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ | | |
| | | | | | 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ | | |
| | | | | | 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ | | |

Sample Performance Measure and Work Plan Activities

Project Name: _____

Table HP2010 - 19-3a

SERVICE CATEGORIES:

MCCHS Performance Measure: Reduce the proportion of children age 6 to 11 years who are obese or overweight

| | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2006 | HP2010 |
|---|------------|------------|------------|------------|------------|------------|--------|
| Annual Performance Objective : Reduce the proportion of children age 6 to 11 years who are at or above 85% of their recommended weight according to the Body Mass Index | % | % | % | % | % | % | 5% |
| Annual Performance Indicator [N/D x 100]: (Actual progress performance from which to improve.) | % | % | % | % | % | % | |
| Numerator (N): Number of children age 6 to 11 who are at or above 85% of their recommended weight according to the Body Mass Index | | | | | | | |
| Denominator (D): Number of children age 6 to 11 enrolled in the program | | | | | | | |

(For Annual Report use only)

PERFORMANCE OBJECTIVE MET: ☐ YES ☐ NO

DATA SOURCE: _____

| Work Plan Measurable Activities | How will activities be measured or demonstrated | What documentation is used to measure? | Staff Responsible | Quarterly results | Adjustments in work plan | Problems |
|--|---|---|-------------------|--|--------------------------|----------|
| 100% of children age 6 to 11 years enrolled in the program are screened using the Body Mass Index | | Body Mass Index for each child enrolled | | 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ | | |
| 100% of children age 6 to 11 years enrolled in the program will be given nutrition counseling to improve their eating habits | | | | 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ | | |
| | | | | 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ | | |
| | | | | 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ | | |

7. Evaluation Plan

Discuss the methodology for measuring the achievement of activities. The plan should include intermediate measures as well as assessment at the end of the funding period. A quality evaluation should identify:

- clear and measurable project-specific activities to meet objectives;
- staff responsible for the evaluation;
- what data will be collected and how it will be collected;
- appropriate methods to analyze the data;
- how and to whom data will be reported; and
- measures to be taken if improvement is needed.

Include client surveys and quality assurance in the evaluation plan.

8. Staff

Describe the relevant education, training, and work experience of the staff that will enable them to successfully develop, implement, and evaluate the project. Submit job descriptions and curriculum vitae of key staff as an appendix. Copies of current professional licenses and certifications must be on file at the organization.

9. Facilities

Describe the facilities that will house project services addressing the adequacy, accessibility for individuals with disabilities in accordance with the Americans with Disabilities Act of 1992, and assuring that project facilities will be smoke-free at all times. Hours of operation must be posted and visible from outside the facility. (Include evening and weekend hours to increase service accessibility and indicate hours of operation at each site on Form B2).

10. Budget and Budget Narrative

Complete this entire section providing information for FY 2005. The budget is an estimate of what the project will cost. Complete the standard budget forms (MCH Budget pages 1, 2, and 3) provided according to directions. Do not substitute a different format. Matching funds must be included in the total budget. (See budget instructions for matching funds requirements.) The budget narrative must include a justification for every MCH line item. Each narrative statement should describe what the specific item is, how the specific item relates to the project, and how the amount shown in the MCH budget was derived. Staff information must include staff name, position, hours worked on the project, salary, and a brief description of duties. In-state travel information must include miles, reimbursement (\$.34 per mile), and reason for travel. **Note: ISDH will not fund out-of-state travel.**

Complete Form C – List all ISDH funding received by proposing organization in FY 2004.

11. Minority Participation

All applicants must include a statement regarding minority participation with other entities in the operation of their MCH program. For example: they do business with MBE (a local printer) and do business with Basic Medical Services (a medical supply company), both minority vendors, and that business totals 10% of their MCH program budget.

12. Endorsements

Submit letters of support and memoranda of understanding (MOU's) that demonstrate a commitment to collaboration between the applicant agency and other relevant community organizations. Letters of support and MOU's must be current.

Applicants should discuss their proposal with the local health officer or appropriate health department staff. At a minimum, the local health officer in each county where services are proposed must be notified that the organization is proposing services (signature of health officer on Form A is sufficient; if signature cannot be obtained, include copy of organization's letter to the health officer in each service county advising of proposal submission to ISDH).

NOTE: All applicants are encouraged to develop and review their application using the Grant Application Scoring Tool (Appendix C).

(The rest of this page is left blank intentionally.)

TITLE V MATERNAL AND CHILD HEALTH
APPLICATION
FY 2005

Title of Project _____ Federal I.D. # _____

Medicaid provider Number: _____ FY 2004 MCH Contract Amount \$ _____

FY 2005 MCH Amount Requested: \$ _____ FY 2005 Matching Funds Contributed \$ _____

Legal Agency /Organization Name: _____

Street _____ City _____ Zip Code _____

Phone _____ FAX _____ E-Mail Address _____

Project Director (type name) _____ Phone _____ E-Mail Address _____

Board President/Chairperson (type name) _____ Phone _____

Project Medical Director (type name) _____ Phone _____

Agency CEO or Official Custodian of Funds
(type name) _____ Title _____ Phone _____

Signature of Project Director _____ Date _____

Signature of person authorized to make legal
And contractual agreement for the applicant agency _____ Title _____ Date _____

Signature of STEP AHEAD County Coordinator _____ County _____ Date _____

Signature of County Health Officer _____ County _____ Date _____

Are you registered with the Secretary of State? Yes ☐ No ☐

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| | | | |
|--|--|---|-----------------|
| MCH Project Name: | | Project Number: | # Project Sites |
| Project Site Address: | Project Schedule: (days & times) | MCH Budget for Site (include matching funds): | |
| Counties Served: | Services Provided in MCH Budget for site (include matching funds): | | |
| Target Population and estimated number to be served with MCH and matching funds: | Other services provided at site (non-MCH or non-Match): | | |
| Project Site Address: | Project Schedule: (days & times) | MCH Budget for Site (include matching funds): | |
| Counties Served: | Services Provided in MCH Budget for site (include matching funds): | | |
| Target Population and estimated number to be served with MCH and matching funds: | Other services provided at site (non-MCH or non-Match): | | |
| Project Site Address: | Project Schedule: (days & times) | MCH Budget for Site (include matching funds): | |
| Counties Served: | Services Provided in MCH Budget for site (include matching funds): | | |
| Target Population and estimated number to be served with MCH and matching funds: | Other services provided at site (non-MCH or non-Match): | | |
| Project Site Address: | Project Schedule: (days & times) | MCH Budget for Site (include matching funds): | |
| Counties Served: | Services Provided in MCH Budget for site (include matching funds): | | |
| Target Population and estimated number to be served with MCH and matching funds: | Other services provided at site (non-MCH or non-Match): | | |
| Project Site Address: | Project Schedule: (days & times) | MCH Budget for Site (include matching funds): | |
| Counties Served: | Services Provided in MCH Budget for site (include matching funds): | | |
| Target Population and estimated number to be served with MCH and matching funds: | Other services provided at site (non-MCH or non-Match): | | |

FORM C

FUNDING CURRENTLY RECEIVED BY YOUR AGENCY
FROM THE INDIANA STATE DEPARTMENT OF HEALTH

LIST ALL SOURCES OF ISDH FUNDING

[illegible]

COMMENTS:

BUDGET INSTRUCTIONS

Materials Provided: The following materials are included in this packet:

Instructions (pages 32 and 33)
Definitions-Revenue Accounts (page 34)
Chart of Account Codes (pages 35-36)
Non-allowable Expenditures (page 37)
Section I - Sources of Anticipated Revenue (MCH Budgets for FY 2005) (page 38)
Section II - Estimated Costs and Clients to be Served (MCH Budgets for FY 2005) (page 39)
Anticipated Expenditures (MCH Budgets for FY 2005) (page 40)

Review all materials and instructions before beginning to complete your budget. If you have any questions relative to completing your project's budget, contact:

Robert Bruce Scott, rbscott@isdh.state.in.us 317/233-1241
MCH Systems Development Consultant assigned to your county - See Appendix C.

In completing the packet, remember that all amounts should be rounded to the nearest dollar.

Completing Section I - Sources of Anticipated Revenue

List all anticipated revenue according to source. The estimated cash on hand should be indicated by 400.1 and/or 400.2, respectively. Since these are first time projects, there will be no cash on hand; please list the estimate as \$0. All revenue used to support the project operations must be budgeted.

Projects must include matching funds equaling a minimum of 30% of the MCH budget. **"In-kind" contributions are not to be included in the budget. Projects that cannot meet these requirements must provide written justification in the budget narrative.** Matching funds are considered project income and are subject to the same guidelines as MCH funds (i.e., no equipment or out-of-state travel). Costs of a modem line for each of your MCH computers and costs of Internet access are allowable.

Non-matching funds are additional sources of support that are not included in the match. These funds are not considered project income and are not subject to MCH guidelines. **NOTE:** projects are encouraged not to over-match. Supporting funds over the required 30% match should be listed as non-matching funds to give the project greater flexibility.

In the space at the bottom of Section I, please be sure to indicate how many hours are worked in a "normal" workweek. This is usually determined by the applicant agency's policies.

Completing Section II - Estimated Cost and Clients to be Served

It is essential that this form be completed accurately because the information will be used in your contract. Your project will be accountable for the services that are listed and the number estimated to be served.

Estimate the MCH Cost per Service listed e.g. how much of your MCH grant you propose to expend in each service. Figures for this, by service category, are listed in the column entitled **MCH COST PER SERVICE**". The total at the bottom of this column should equal the MCH grant award request.

Estimate the MCH Matching Funds allocated per service listed e.g., how much of the MCH match you propose to expend in each service. The total at the bottom of this column should equal the total match you are adding to the MCH award to fund this program.

Estimate the number of unduplicated clients by service category who will receive each service in the column titled **"TOTAL UNDUPLICATED # ESTIMATED TO BE SERVICED"** by both MCH and MCH Matching Funds.

(The rest of this page is left blank intentionally.)

DEFINITIONS - REVENUE ACCOUNTS

| Account | Account Title | Description |
|---|---|---|
| 413 | MCH Grant Request | Funds requested as reimbursement from the Indiana State Department of Health for project activities. |
| Matching Funds* | | <i>Cash used for project activities that meet the matching requirements*</i> |
| 417 | Local Appropriations | Monies appropriated from the local government to support project activities, e.g., local health maintenance fund. |
| 419 | First Steps | Monies received from First Steps for developmental disabilities services. |
| 421 | Donations – Cash | Monies received from donors to support project activities. |
| 424 | United Way/March of Dimes | Monies received from a United Way/March of Dimes agency to support project activities. |
| 432 | Title XIX – Hoosier Heathwise and Title XXI, CHIP | Monies received from Hoosier Healthwise and CHIP as reimbursement provided for services to eligible clients. |
| 434 | Private Insurance | Monies received from public health insurers for covered services provided to participating clients. |
| 436 | Patient Fees | Monies collected from clients for services provided based on Maternal and Child Health Services approved sliding fee schedule, including walk-ins. |
| 437 | Other Matching | Other income directly benefiting the project and not classified above which meets matching requirements. |
| Nonmatching Funds | | <i>Funds which do not meet matching requirements.</i> |
| 433 | Title XX | Monies received from State Title XX agency (Family and Social Services Administration) for reimbursement provided for family planning services to eligible clients. |
| 439 | Other Nonmatching | Other income directly benefiting the project and not classified above which does not meet matching requirements. |
| Estimated Cash on Hand as of September 30, of last FY | | <i>Monies received by the project during the previous fiscal years and not yet used for project expenditures.</i> |
| 400.1 | Matching Cash on Hand | Those monies received during previous years from sources classified as matching. |
| 400.2 | Nonmatching Cash on Hand | Those monies received during previous years from sources classified as nonmatching. |

* Matching requirements include:

1. Amounts are verifiable from grantee's records.
2. Funds are not included as a matching source for any other federally assisted programs.
3. Funds are allocated in the approved current budget.
4. Funds are spent for the Maternal and Child Health project as allocated and the expenditure of these funds is reported to Maternal and Child Health Services.
5. Funds are subject to the same guidelines as MCH grant funds (i.e., no equipment or out-of-state travel).

SCHEDULE A - CHART OF ACCOUNT CODES

111.000

PHYSICIANS

Clinical Geneticist
Family Practice Physician
General Family Physician
Genetic Fellow
Medical Geneticist
Neonatologist

OB/GYN
Other Physician
Pediatrician
Resident/Intern
Substitutes/Temporaries
Volunteers

111.150

DENTISTS/HYGIENISTS

Dental Assistant
Dental Hygienist
Dentist

Substitutes/Temporaries
Volunteers

111.200

OTHER SERVICE PROVIDERS

Audiologist
Child Development Specialist
Community Educator
Community Health Worker
Family Planning Counselor
Genetic Counselor (M.S.)
Health Educator/Teacher
Occupational Therapist

Outreach Worker
Physical Therapist
Physician Assistant
Psychologist
Psychometrist
Speech Pathologist
Substitutes/Temporaries
Volunteers

111.350

CARE COORDINATION

Licensed Clinical Social Worker (L.C.S.W.)
Licensed Social Worker (L.S.W.)
Physician
Registered Dietitian
Registered Nurse

Social Worker (B.S.W.)
Social Worker (M.S.W.)
Substitutes/Temporaries
Volunteers

111.400

NURSES

Clinic Coordinator
Community Health Nurse
Family Planning Nurse Practitioner
Family Practice Nurse Practitioner
Licensed Midwife
Licensed Practical Nurse
OB/GYN Nurse Practitioner

Other Nurse
Other Nurse Practitioner
Pediatric Nurse Practitioner
Registered Nurse
School Nurse Practitioner
Substitutes/Temporaries
Volunteers

111.600

SOCIAL SERVICE PROVIDERS

Caseworker
Licensed Clinical Social Worker (L.C.S.W.)
Licensed Social Worker (L.S.W.)
Counselor
Counselor (M.S.)

Social Worker (B.S.W.)
Social Worker (M.S.W.)
Substitutes/Temporaries
Volunteers

111.700 NUTRITIONISTS/DIETITIANS

| | |
|------------------------------|-------------------------|
| Dietitian (R.D. Eligible) | Registered Dietitian |
| Nutrition Educator | Substitutes/Temporaries |
| Nutritionist (Master Degree) | Volunteers |

111.800 MEDICAL/DENTAL/PROJECT DIRECTOR

| | |
|------------------|------------------|
| Dental Director | Project Director |
| Medical Director | |

111.825 PROJECT COORDINATOR

111.850 OTHER ADMINISTRATION

| | |
|-------------------------------------|--------------------------------|
| Accountant/Finance/Bookkeeper | Laboratory Technician |
| Administrator/General Manager | Maintenance/Housekeeping |
| Clinic Aide | Nurse Aide |
| Clinic Coordinator (Administration) | Other Administration |
| Communications Coordinator | Programmer/Systems Analyst |
| Data Entry Clerk | Secretary/Clerk/Medical Record |
| Evaluator | Substitutes/Temporaries |
| Genetic Associate/Assistant | Volunteers |
| Laboratory Assistant | |

115.000 FRINGE BENEFITS

200.700 TRAVEL

| | |
|--------------------------|--|
| Conference Registrations | Out-of-State Staff Travel (only available with non-matching funds) |
| In-State Staff Travel | |

200.800 RENTAL AND UTILITIES

| | |
|-----------------------------------|-----------------|
| Janitorial Services | Rental of Space |
| Other Rentals | Utilities |
| Rental of Equipment and Furniture | |

200.850 COMMUNICATIONS

| | |
|-------------------------|---------------|
| Postage (including UPS) | Reports |
| Printing Costs | Subscriptions |
| Publications | Telephone |

200.900 OTHER EXPENDITURES

| | | |
|------------------------|----|---|
| Insurance and Bonding | -- | Insurance premiums for fire, theft, liability, fidelity bonds, etc. Mal insurance premiums cannot be paid with grant funds. However, match nonmatching funds can be used. |
| Maintenance and Repair | -- | Maintenance and repair services for equipment, furniture, vehicles, and/or facilities used by the project. |
| Other | | Approved items not otherwise classified above. |

SECTION I - BUDGET
SOURCES OF ANTICIPATED REVENUE FOR FISCAL YEAR 2005

Project Title: _____ **Project #** _____

Applicant Agency: _____

413 Maternal and Child Health Grant Request (A) \$ _____

MATCHING FUNDS - CASH

417 Local Appropriations \$ _____

419 First Steps \$ _____

421 Cash Donations \$ _____

424 United Way/March of Dimes \$ _____

432 Hoosier Heathwise/CHIP (Titles XIX / XXI) \$ _____

434 Private Insurance \$ _____

436 Patient Fees \$ _____

437 Other Matching \$ _____

TOTAL MATCHING FUNDS (Cash) (B) \$ _____

NONMATCHING FUNDS - CASH

433 Title XX \$ _____

439 Other \$ _____

TOTAL NONMATCHING FUNDS (C) \$ _____

ESTIMATED CASH ON HAND AS OF SEPTEMBER 30, 2003

400.1 Matching \$ _____

400.2 Nonmatching \$ _____

TOTAL ESTIMATE (400.1 + 400.2) (D) \$ _____

TOTAL PROJECT REVENUE (A)+(B)+(C)+(D) (E) \$ _____

A Full-Time Employee Works _____ Hours Per Week.

SECTION II - BUDGET

MCH AND MATCHING FUNDS ESTIMATED COST AND CLIENTS TO BE SERVED FISCAL YEAR 2005

Project Title: _____ Project # _____

Applicant Agency: _____

| Service | MCH Cost Per Service ¹ | MCH Matching Funds Allocated Per Service ³ | Total Unduplicated # Estimated To Be Served by MCH and MCH Matching Funds ⁵ |
|---------------------------------|--------------------------------------|---|--|
| Prenatal Care Coordination | | | |
| Prenatal Medical Care | | | |
| Infant Health Care ⁶ | | | |
| Child Health Care ⁷ | | | |
| Family Planning | | | |
| Genetic – Clinical | | | |
| Genetic – Prenatal | | | |
| School Based Adolescent Health | | | |
| Family Care Coordination | | | |
| Other (List): | | | |
| | | | |
| | | | |
| TOTAL | 2 | 4 | |

¹Cells in this column should reflect the amount of the MCH grant award that is estimated to be spent on specific services, e.g., prenatal care, family planning. Do not enter a per client cost.

²This cell should reflect the total grant request (line A from MCH Budget – 1).

³ Cells in this column should reflect the amount of MCH matching funds estimated to be spent on specific services.

⁴ This cell should reflect total MCH matching funds estimated to be spent on MCH services (line B from MCH Budget –1)

⁵Cells in this column should reflect the unduplicated number of clients you estimated to be served with MCH and MCH matching funds during the fiscal year

⁶ Infant - under 1 year of age.

⁷ Child Health - ages 1 year to 22 years.

ANTICIPATED EXPENDITURES FOR FISCAL YEAR 2005

Project Title: _____

Project # _____ Applicant Agency: _____

| Acct. Number | Description Number | Total Funds | GRANT FUNDS | MATCHING FUNDS | | | | | | | | NON-MATCHING FUNDS | | | Normal Work Wk. _____ Budgeted on Project ¹ | |
|---------------------|---------------------------------|-------------|-------------|----------------|-------------------|-----------------|--------------------|--------------------------------|--|-----------------------|------------------|--------------------|--------------------|--------------|---|-----------|
| | | | | MCH Funds 413 | Local Approp. 417 | First Steps 419 | Cash Donations 421 | United Way/ March of Dimes 424 | Hoosier Heathwise & CHIP XIX & XXI 432 | Private Insurance 434 | Patient Fees 436 | Other Matching 437 | Cash on Hand 400.1 | Title XX 433 | | Other 439 |
| | Schedule A | | | | | | | | | | | | | | | |
| 111.000 | Physicians | | | | | | | | | | | | | | | |
| 111.150 | Dentists/Hygienists | | | | | | | | | | | | | | | |
| 111.200 | Other Service Providers | | | | | | | | | | | | | | | |
| 111.350 | Care Coordination | | | | | | | | | | | | | | | |
| 111.400 | Nurses | | | | | | | | | | | | | | | |
| 111.600 | Social Service Providers | | | | | | | | | | | | | | | |
| 111.700 | Nutritionists/Dietitians | | | | | | | | | | | | | | | |
| 111.800 | Medical/Dental/Project Director | | | | | | | | | | | | | | | |
| 111.825 | Project Coordinator | | | | | | | | | | | | | | | |
| 111.850 | Other Administration | | | | | | | | | | | | | | | |
| 115.000 | Fringe Benefits | | | | | | | | | | | | | | | |
| | Schedule B | | | | | | | | | | | | | | | |
| 200.000 | Contractual Services | | | | | | | | | | | | | | | |
| 200.500 | Equipment | | | | | | | | | | | | | | | |
| 200.600 | Consumable Supplies | | | | | | | | | | | | | | | |
| 200.700 | Travel | | | | | | | | | | | | | | | |
| 200.800 | Rental and Utilities | | | | | | | | | | | | | | | |
| 200.850 | Communications | | | | | | | | | | | | | | | |
| 200.900 | Other Expenditures | | | | | | | | | | | | | | | |
| SUBTOTAL SCHEDULE A | | | | | | | | | | | | | | | | |
| SUBTOTAL SCHEDULE B | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | |

¹Cells in this column should reflect the number of hours worked in a week by all staff in each job classification, e.g., a project with two nurses working 40 hours per week and one nurse working 20 hours per week should enter 100 hours for 111.

EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

The following may not be claimed as project cost for Maternal and Child Health projects:

1. Equipment;
2. Out-of-state travel;
3. Construction of buildings, building renovations;
4. Depreciation of existing buildings or equipment;
5. Contributions, gifts, donations, dues to societies, organizations, or federations;
(NAWD Membership is only exception)
6. Entertainment, food;
7. Automobile purchase;
8. Interest and other financial costs;
9. Costs for in-hospital patient care;
10. Fines and penalties;
11. Fees for health services;
12. Accounting expenses for government agencies;
13. Bad debts;
14. Contingency funds;
15. Executive expenses (car rental, car phone, entertainment);
16. Client travel; and
17. Legislative lobbying.

For further clarification on items 1-17 please contact:

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